

(Licensed Embelmer's Statement on Reverse Side)

JUL 16 1958

X

JUN 28 1958

DATE RECEIVED JUN 17 1958
NEW MADRID CO. HEALTH CENTER
E. L.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Philip J. Cassady*
Licensed Embalmer No. *4618*
P. O. Address *Liberty, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.